# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4796

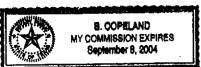
FORM C/OH COVER SHEET PG 1

		A CONTRACTOR OF THE CONTRACTOR	
The C/OH INSTRUCTION this form.	ION GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST	MI /	OFFICE USE ONLY
IVAME	NICKNAME Maria  Canchol	SUFFIX	Date Received CO
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CI	ITY; STATE; ZIP CODE	E E
Change of Address	s Austin. Texas 7	8704	1
5 CAMPAIGN TREASURER NAME	TITLE FIRST  Maria  NICKNAME LAST	MI , SUFFIX	Receipt #  HD / PM Amount  Date Processed
	Canchola		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APTISUIT 1900 East Side Austin, Texas	Or.	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 443 - 7400	EXTENSION	
8 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROUGH	Month Day  GH 12 /31 /	Year / 200 5
10 ELECTION	Month Day Year  11 / 7 / 2 00 Primary		General Special
11 OFFICE	OFFICE HELD (# any)	12 OFFICE SOUGHT (if known)	Constable Pct4
IS DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<ul> <li>Direct campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures.</li> <li>Candidates are required to disclose this information only Name</li> </ul>	iturae mada bu athara with a tar	
additional pages	Address / PO Box; Apt. / Suite #, City; State; Zip	Code	
	GO TO PA	AGE 2	

### CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		·· Canchola	15 ACCOUNT # (Ethics Commission flers)
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	les political expenditures by political committees to support the candidate out the candidate's or officeholder's knowledge or consent. Candidates are y receive notice of such expenditures.	e / officeholder. These expenditures may nd officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if	I no reportable activity occurred during this reporting period. (Sign affidavit bel	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 265.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2815.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1708.85
OUTSTANDING LOAN TOTALS	5. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI AY OF THE REPORTING PERIOD	<b>\$6</b> 793.63
19 AFFIDAVIT		I swear, or affirm, under penalty of	perjury, that the accompanying report



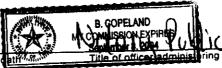
me under Title 15, Election Code.

AFFIX NOTARY STAMP / SEAL ABOVE

Swom to and subscribed before me, by the said Maria L. Canchola this the 16th day of Jan

, to certify which, witness my hand and seal of office.

Signature of officer administering oath



CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT	FORM C/OH - FR
The C/OH Instruction Guide explains how to complete this form Complete only if "Report Type" on C/OH page 1 is marked "Final Report"	••
1 CIOHNAME Maria L. Canchola	2 ACCOUNT # (Ethics Commission filers)
3 SIGNATURE	
I do not expect any further political contributions or political expenditures in connection with my can a report as a final report terminates my campaign treasurer appointment. I also understand to contributions or make any campaign expenditures without a campaign treasurer appointment on file of the contributions.	
4 FILER WHO IS NOT AN OFFICEHOLDER  •• Complete A & B below only if you are a candidate ••	
A. CAMPAIGN FUNDS	
Check only one:	
I do not have unexpended contributions or unexpended interest or income earned from politi	ical contributions
I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political contributions and understand that I must file an annual report of unexpended contributions and that I may or unexpended interest or income earned on political contributions longer than six years all understand that I must dispose of unexpended political contributions and unexpended interest contributions in accordance with the requirements of Election Code, § 254.204.	ributions. I understand that I may not tical contributions to personal use. I not retain unexpended contributions
B. ASSETS	
Check only one:	
I do not retain assets purchased with political contributions or interest or other income from p	olitical contributions.
I do retain assets purchased with political contributions or interest or other income from politic may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a Election Code, § 254.204.	cal contributions. I understand that I
Sign.	ature of Candidate
OFFICEHOLDER	
Complete this section only if you are an officeholder ••  I am aware that I remain subject to filing requirements applicable to an officeholder who does not he	nave a campaign treasurer on file.
Signat	ure of Officeholder

Texas Ethics Comm	nission P.O. Box 12070 Austin, Texas 7	8711-2070	(512) 4	63-5800	1-800-325-850
	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	.NS		SCHE	DULE A
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sche	edule A:	
2 FILER NAM	Maria L. Cancho	14	3 ACCOUNT# (Et	hics Commission filer	<b>\$</b> )
4 Date	5 Full name of contributor Gopal Guthikon	Out of state PAC	7 Amount of contribution (\$)	. •	ontribution (if applicable)
9-9-00	6 Contributor address; City; State; Zip Cod POBUX 684942 Austin, Texas 78768		\$50.00	 	
9 Principal occi		10 Employer (option	nal)	<u> </u>	
Date	Full name of contributor Ruben I. Barrera	Out of state PAC	Amount of contribution (\$)		ontribution if applicable)
9-20-00	Contributor address; City; State; Zip Code 608 W. 01torf Austin, Texas 7876		\$50.00	     ;	
Principal occu	<u> </u>	Employer (option	al)		
Date	Full name of contributor  Bruce Elfant  Contributor address; City: State; Zip Code	out of state PAC	Amount of contribution (\$)		ontribution if applicable)
	1205 Fairwood Austin, Texas 7872		\$ 100.00		
Principal occu	pation	Employer (option	al)		
Date 10-14-00	1517 Alameda	•	Amount of contribution (\$)		ontribution if applicable)
	Austin, Texas 78.	704			
Principal occu	pation	Employer (option	ai)		
Date   0 -24-00	8236 Summer Side	ut of state PAC	Amount of contribution (\$)		ontribution f applicable)
	Austin, Texas 781.	59			
Principal occu	pation	Employer (options	al)		_
		<u> </u>			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Texas Ethics Commission

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAM	Maria L. Canchola		3 ACCOUNT # (Ell	nics Commission filers)
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of	8 In-kind contribution
10.24.00	Elizabeth M. Baird  6 Contributor address; City; State; Zip Cod  3401 Aldloyche Pr.		450.00	description(if applicable)
	Austin, Texas 7870;			
9 Principal occu	pation	10 Employer (option	nal)	
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
	Robert + Connie Eller		contribution (\$)	description(if applicable)
10-24-00	Contributor address; City; State; Zip Cod		\$50.00	
, ., .,	8204 Williamson breck		1.00	·   •
	Austin, Texas 787	3 6		•
Principal occur	pation	Employer (option	nal)	
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
	Helen Greene		contribution (\$)	description(if applicable)
10.24-00	Contributor address: City: State: Zip Code 312 Le Grande Austin, TCKus 78		\$50.00	
Principal occup	pation	Employer (option	al)	
Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution
	Fidel Estrada	_	contribution (\$)	description(if applicable)
10.24.00	Contributor address: City: State: Zin Code	<del> </del>	· !	
10.7 1.00	2618 E. 716 St.	•	\$100.00	
	Austin, Texas 78	702	<b>!</b>	
Principal occup	pation	Employer (option	ai)	
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution
	Ken + Linda Nates	_	contribution (\$)	description(if applicable)
10-24.00	Contributor address; City; State; Zip Code		[ ]	
- 1.00	7605 Ponoma Trail		\$50.00	
	Austin, Texas 287	49	1	ĺ
Principal occup	ation	Employer (options	al)	

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Texas Ethics Comn	mission P.O. Box 12070 Austin, Texas 70	8711-2070	(512) 4	4 <b>63-5800</b> 1-800-325-850
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sche	edule A: 5
2 FILER NAM	Maria L. Canchola		3 ACCOUNT # (Ett	hics Commission filers)
4 Date		Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
. 10-24-00	6 Contributor address; City; State; Zip Code	ŧ	\$100.00	 
9 Principal occu	upation	10 Employer (option	nal)	
Date	645 Garcia Ir	Dut of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
10-24-00	SGOS Cannon Mountain L Anstin. Texas 7874	Dr.	\$ 50.00	
Principal occu		Employer (option	L	
Date	Full name of contributor  Rafael Quintanilla  Contributor address; City; State; Zip Code	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
10.24.00	2804 Rock Terrace Austin, Texas 787		\$50.00	 
Principal occu		Employer (options	ai)	
Date 10-24-00	Full name of contributor  Stan Johnson  Contributor address; City; State; Zip Code	Dut of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
			\$50.00	
Principal occu	pation	Employer (optiona	al)	
Date	Sylvia Brittain	Dut of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
00-1	12904 Wells Fargs Austin, Texus 7873	7	\$100.00	İ
Principal occup	pation	Employer (optiona	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (optional)

xas Ethics Comm	ission P.O. Box 12070 Austin, Texas	78711-2070	(512) 4	63-5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instructio	N GUIDE explains how to complete this form.		1 Total pages Sche	edule A:
FILER NAME	Maria L. Canchol	1 0L	3 ACCOUNT# (Et	hics Commission filers)
Date	5 Full name of contributor	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
10-24-00	Manuel Zunign 6 Contributor address; City; State; Zip Coc 1726 Glen Cliff Austin, Texas 78704		\$150.00	
Principal occu	pation	10 Employer (optio	nal)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
10-24-00	Contributor address: City: State: Zip Coo 3801 Frodo Core Anstin, Texas 7873		\$100.00	
Principal occu	pation	Employer (option	nal)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
10-24-00	Ned Grunger  Contributor address; City; State; Zip Cod  605 W. 1044 St.  Austin, Texas 287		\$100.00	     
Principal occur	pation	Employer (option	nal)	

Date Full name of contributor Out of state PAC Amount of In-kind contribution Nilda De La Llata
Lisoly La Coma Restaurant
Contributor address; City; State; Zip Code
1224 S. Congregs Ave, contribution (\$) description(if applicable) Austin, Taxas 28704 Principal occupation Employer (optional) Date Full name of contributor Amount of In-kind contribution contribution (\$) description(if applicable) Andy Ramire 2

Contributor address; City; State; Zip Code
40 N. T. H. 35

Employer (optional)

Austin, Texas 28701

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Principal occupation

\$300.00

	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruction	NO GUIDE explains how to complete this form.		1 Total pages Scho	edule A: 5
2 FILER NAM	Maria L. Canchola		3 ACCOUNT# (Et	hics Commission filers)
4 Date	5 Full name of contributor  AFL-CIO  6 Contributor address; City; State; Zip Code	out of state PAC	7 Amount of contribution (\$)  \$4500.00	8 In-kind contribution description(if applicable)
9 Principal occu	pation	10 Employer (option	nal)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (5)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code	<b>ë</b>		 
Principal occu	pation	Employer (option	nal)	
Date	Full name of contributor  Contributor address; City; State; Zip Code	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occup	pation	Employer (option	lal)	1
Date	Full name of contributor  Contributor address; City; State; Zip Code	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occup	pation	Employer (options	al)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	ation	Employer (optiona	al)	
If contril	ATTACH ADDITIONAL COPIE butor is out-of-state PAC, please see instru	S OF THIS FORM A uction guide for ad	S NEEDED Iditional reportin	ng requirements.

#### SCHEDULE F POLITICAL EXPENDITURES 1 Total pages Schedule F: The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Maria L. Canchola 5 Payee name Amount 8-8-00 6 Payee address; City; State; Zip Code \$45.00 9 · Complete if direct expenditure to benefit C/OH · 8 Purpose of expenditure Candidate / Officeholder name Office sought / held "Woman of the Year" Ad Payee name Date **Amount** GTE 8-1500 City; State; Zip Code #397.95 PO BOX 630013 Dallas, Texas 75263 Complete if direct expenditure to benefit C/OH -Office sought / held Purpose of expenditure Candidate / Officeholder name Cell phone Charges Payee name Date **Amount** A F L C 10 Payee address; City; State; Zip Code 8-11-00 8 45.00 PO BOX 684644 Austin Texas 78768 Purpose of expenditure -- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name Labor Day Ad Date Payee name **Amount** Travis County Democratic Party Payee address: City: State; Zip Code 9-14-00 \$500.00 Purpose of expenditure .. Complete if direct expenditure to benefit C/OH ... Candidate / Officeholder name Office sought / held Contribution ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

POLITI	CAL EXPENDITURES	. •	SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.	1	Total pages Schedule F:
2 FILER NAM	Maria L. Canchola	3	ACCOUNT # (Ethics Commission filers)
4 Date 9-16-00	5 Payee name  Office Depot  6 Payee address; City: State: Zip Code  816 Tirado St.		7 Amount (\$)
8 Purpose of e	Austin, Texas 78752 expenditure	9 ·· Complete if direct expenditu Candidate / Officeholder name	
Date	Payee name V. S. Postal Store	<u> </u>	Amount (\$)
16-11-00	Payee address: City: State: Zip Code 510 Guadaluge St Austin, Texas 78701		\$ 264.00
Purpose of e	stamps	Complete if direct expenditu Candidate / Officeholder name	
Date 10-28-00	Payee name  Richard Moya  Payee address; City; State; Zip Code		Amount (\$)
	expenditure essement for fronting charges 11 Tales y Cuentos" Fund Raiser	Complete if direct expenditu Candidate / Officeholder name	
Date	Payee name  Muria L. Cunchola  Payee address; City; State; Zip Code		· Amount (\$)
	1900 East Side Dr. Austin, Texas 78704		8/38.55
1	senient for Christmas Cards Supporters	◆ Complete if direct expenditule     Candidate / Officeholder name	
	ATTACH ADDITIONAL CODIE	POETUR FORM AS MEED	ED

Texas Ethics Commission

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAM	Maria L. Canchola		3 ACCOUNT	(Ethics Commission filers)
4 Date 12-15-00	5 Payee name  V. S. Postal Store  6 Payee address; City; State; Zip Code  5 10 Guanalupe  Austin, Texas 7870			Amount (\$)
8 Purpose of ex		9 Complete if direct expe Candidate / Officeholder		t C/OH Office sought / held
Date	Payee name  It EB Central Mar  Payee address; City; State; Zip Code			Amount (\$)
Purpose of ex Film	penditure 4 Film Development	Complete if direct expe Candidate / Officeholder		t C/OH ** Office sought / held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of ex	penditure	** Complete if direct expe Candidate / Officeholder r		C/OH ·· Office sought / held
Date	Payee name Payee address; City; State; Zip Code	<u></u>		· Amount (\$)
Purpose of ex	penditure  ATTACH ADDITIONAL COPIE	Complete if direct expe Candidate / Officeholder r	name	C/OH Office sough! / held

2 FILER NAME 3	Total pages Sci	SCHEDULE E
2 FILER NAME 3		hedule E:
-		a
Maria L. Canchola	ACCOUNT # (E	Ethics Commission filers)
TOTAL OF UNITEMIZED LOANS:	> <b>\$</b>	\$
5 Date of loan 7 Name of lender		9 Loan Amount (\$)
7-18.00 Maria L. Canchola		\$250.00
6 Is lender a financial Institution?  8 Lender address; City; State; Zip Code  1900 Eust Side Dr.	••••••	10 Interest rate
Y (N) Austin, Texus 78704		11 Maturity date
		NIA
12 Description of Collateral 図 none		
13 GUARANTOR 14 Name of guarantor INFORMATION		16 Amount Guaranteed (\$)
15 Guarantor address; City; State; Zip Code	•••••••••	
7 Principal Occupation 18 Employer	·	
Date of loan Name of lender out of state PAC		Loan Amount (\$)
8-21-00 Maria L. Canchola		#100.00
Is lender a Lender address; City; State; Zip Code financial Institution?	• • • • • • • • • • • • •	Interest rate
Austin, Texas 78704		Maturity date
Description of Collateral		NIA
∏ none		
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation Employer		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES.

### SCHEDULE F

4 Guide explains how to complete this form.		1 Total pages Schedu	ne r.
		3 ACCOUNT # (Ethic	s Commission filers)
5 Payee name 6 Payee address; City; State; Zip Coc	de	7	Amount (\$)
penditure	9 ·· Complete if direct expe Candidate / Officeholder	enditure to benefit C/Oh name	Office sought / held
Payee name Payee address; City; State; Zip Cod	de		Amount (\$)
penditure	Complete if direct exp Candidate / Officeholder	enditure to benefit C/OI	1 •• Office sought / held
Payee name '			Amount (\$)
Payee address; City; State; Zip Co	de		
xpenditure	Complete if direct exp Candidate / Officeholder	penditure to benefit C/O	H •• Office sought / held
	• • • • • • • •		Amount (\$)
xpenditure	Complete if direct ex. Candidate / Officeholde	penditure to benefit C/C	Office sought / held
	5 Payee name  6 Payee address; City; State; Zip Codenditure  Payee name  Payee name  Payee address; City; State; Zip Codenditure   5 Payee name  6 Payee address: City: State: Zip Code  enditure  9 • Complete if direct exp Candidate / Officeholder  Payee address: City: State: Zip Code  Payee name  Payee address: City: State: Zip Code  Payee name  Payee address: City: State: Zip Code   5 Payee name 6 Payee address: City: State: Zip Code enditure 9 ** Complete if direct expenditure to benefit C/Of-Candidate / Officeholder name  Payee name Payee address: City: State: Zip Code  ** Complete if direct expenditure to benefit C/Of-Candidate / Officeholder name  Payee name Payee address: City: State: Zip Code  Payee address: City: State: Zip Code  ** Complete if direct expenditure to benefit C/Officeholder name  Payee address: City: State: Zip Code  Payee address: City: State: Zip Code		

LOANS				SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total pages Sche			
			- 1000HHT# 40	2	
2 FILER NAME	Maria L. Cancho	ila	3 ACCOUNT # (Et	nics Commission filers)	
4 TOTAL OF U	NITEMIZED LOANS:	<b>\$ \$ \$</b> \$	ಭ ಭ	\$	
5 Date of loan	7 Name of lender	ut of state PAC		9 Loan Amount (\$)	
9-13.00	Maria L. Car	nihola		\$ 500.00	
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate	
Y (Ñ)	1900 East Side			11 Maturity date	
' "	Austin, Texas	78704		N/A	
12 Description of Collate	. <del> </del>				
none none					
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (S)	
	15 Guarantor address; City; State;	Zip Code			
17 Principal Occupation		18 Employer	18 Employer		
Date of loan	Name of lender	ut of state PAC		Loan Amount (\$)	
is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate	
Y N				Maturity date	
Description of Collate	ral		1		
none					
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
not applicable	Guarantor address; City; State;	Zip Code			
Principal Occupation		Employer			
	ATTACH ADDITIONAL	COPIES OF THIS FORM A			

s Ethics Commission P.O. Box 12070 Austin, Tex	kas 78711-2070	(512) 463-5800	1-800-325-850
POLITICAL EXPENDITURES		SCH	EDULE F
The Instruction Guide explains how to complete this form	1 Total pages Schedule F:	1 Total pages Schedule F:	
FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
Date 5 Payee name  6 Payee address: City; State; Zip	Code	7	Amount (\$)
Furpose of expenditure	9 · Complete if direct Candidate / Officeho	expenditure to benefit C/OH ·· Off	ice sought / held
Date Payee name			Amount (\$)
Payee address; City; State; Zip	Code		
Purpose of expenditure	·· Complete if direct candidate / Officeho	t expenditure to benefit C/OH ··· Of	ice sought / held
Date Payee name			Amount (\$)
Payee address; City; State; Zip	Code		
Purpose of expenditure	·· Complete if direc Candidate / Officeh	t expenditure to benefit C/OH Older name	fice sought / held
Date Payee name  Payee address; City; State; Zip	o Code		Amount (\$)
Purpose of expenditure	•• Complete if direct Candidate / Officet	t expenditure to benefit C/OH ··· colder name C	flice soughly held
ATTACH ADDITIONAL	COPIES OF THIS FORM	AS NEEDED	<u>,</u>